SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below: No
CHUBB GROUP OF INS CO 15 MOUNTAIN VIEW ROAD	
PO BOX 1615	
WARREN NJ 07061	3. Service Type Certified Mail Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
PB 7/12/2012 50350044	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7 1 1 1 1 1	0 0001 3568 3551
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

PENNY BERRY
STATE OF UTAH
DIVISION OF OIL GAS & MINING
PO BOX 145801
SALT LAKE CITY UT 84114-45801

RECEIVED

JUL 18 2012

U.S. Postal Service ... CERTIFIED MAIL... RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com6

1130 7/12/2012 80350044		
Postage	\$	Responsibilities
Certified Fee		of Fed. Ins. Co.
Return Receipt Fee		Postmark

(Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Post

57

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3568 3

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CHUBB GROUP OF INS CO

Street, Apt. PO BOX 1615

or PO Box I WARREN NJ 07061

Only, State, .